

Round 1

Responses to the comments of reviewers

1) The authors, mentioning the microbiota, do not specify the localization of this microbiota. But it is present not only in the intestines, but also in the esophagus, stomach, oral cavity... Therefore, the authors, mentioning the microbiota, must indicate the organ.

Response: The microbiota means the intestinal microbiota, and has been clearly pointed out in the background and discussion of the text.

2) The authors do not provide criteria for PPI dependence.

Response: PPI dependency is defined as the failure of patients with gastroesophageal reflux disease to achieve complete remission of symptoms after standard PPI treatment.

3) The phrase "The PPI dose in the WMT group was reduced by 80.0%" is ambiguous: it is not clear whether it means that it was possible to reduce the dose of PPIs in 80% of these patients, or that it was possible to reduce the dose by on average 80% in all of these patients.

Response: The phrase "The PPI dose in the WMT group was reduced by 80.0%" has been changed to "The PPI dose was reduced to some extent for 80% of patients reduced PPI dose to some extent in the WMT group" in the text.

4) Not specified, what criteria were used to select patients into the experimental and control groups

Response: We have revised the entry criteria for both groups in the method.

5) Subjective factors were analyzed and this predisposes to a high proportion of placebo effect. So, would be worthwhile to compare it with the group that underwent simulated fecal transplantation.

Response: Since this is a retrospective study, we can't compare it with the group that underwent simulated fecal transplantation.

6) Two patients were only assessed for the change in fecal microbiota. I don't think it has any scientific value.

Response: I agreed with the reviewer for deleted the results of two patients' faecal microbiota.

7) The Background chapter is too extensive and should be shortened by removing unnecessary details on the prevalence of GERD and the fact that it often remains STI-dependent. For this, 2 sentences are more than enough. You should also delete or shorten the paragraph on probiotics for the treatment of GERD, as this is not in the study. The paragraph on faecal transplant should also be shortened.

Response: We have revised the background according to the reviewer' opinion.

8) Specify in "Total course of treatment: Four courses were implemented in the first month, second month, third month, and sixth month.": 4 courses were held every month and 1 course per month in the first month, second month, third month, and sixth month.

Response: One course was administered once daily for 3 days. Four courses were administered, with 1 course per month given in the first month, second month, third month, and sixth month.

9) The data in Tables 2.2 are completely duplicated in the text, so it should be deleted.

Response: Tables 2.2 has been deleted.

10) Methods for assessing intestinal barrier function must be described in the

Methods chapter.

Response: Methods for assessing intestinal barrier function has been described in the Methods chapter.

11) SIBO was evaluated only in a few patients and only before starting therapy. This information has not value and should be removed.

Response: SIBO has been removed from text.

12) Assessment of the intestinal barrier function should be carried out in both groups and compare them with each other.

Response: Since this is a retrospective study, The data is incomplete, we can't compare it with two groups.

13) Figure 3 is signed as Figure 2.

Response: We have revised.

14) You should not combine tables with the same number, for example, tables 5.1 and 5.2.

Response: We have revised.

Round 2

1) there are too many unnecessary abbreviations, some of which are used further in the text only a couple of times (for example, RE): you should only abbreviate really frequently occurring phrases; Response: We have revised.

2) p-value should be used instead of Z-value in Table 6. Response: We have revised.

3) do not use the Z-value in other tables, since the p-value is sufficient. Response: We have revised.

4) there are still no criteria for selection of patients to whom you performed fecal transplantation and who did not Response: We have revised the criteria selection of patients to performed fecal transplantation: the inclusion criteria of the WMT group were as follows: patients had consented to WMT treatment, and no antibiotics were used 1 week before treatment and during treatment.

5) it is necessary to cite the references describing that markers of intestinal barrier disturbance used by the authors can be used for these purposes and to cite the references describing the normal values of these markers Response: We have revised in the methods.

6) p-values should be indicated in Table 5 when comparing groups before treatment and in the experimental group before and after treatment, as well as correct errors in its name. Response: Thanks for the reviewer's valuable comments. We consulted the professor of statistics and tried to analyze the data with paired chi-square statistics. However, due to the small sample size, there were two zero in the statistics, so we could not give a p-values, so we decided to delete Table 5.

7) data on the safety of fecal transplantation in the study should be added to the abstract: the authors write about this in the conclusion and do not write about the results. Response: We have revised in the abstract.